



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse
Services**

3001 Mail Service Center • Raleigh, North Carolina 27699-3001
Tel 919-733-7011 • Fax 919-733-1221

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

MEMORANDUM

TO: Area Directors

FROM: Mike Moseley
Director

SUBJECT: Policy Regarding the Implementation of Self-Directed Supports

DATE: May 7, 2004

Across the country, states and providers are implementing a different approach to services that is known by various terms such as "self-determination," "self-directed supports," "consumer-directed supports," "Cash and Counseling," "independent living," and other titles. Regardless of the term used, the overall concept can be defined as:

- A consumer having control over his/her own individual planning process and, in particular, decisions regarding the services and supports he/she receives and how they are delivered;
- Support provided to the consumer to assist in making informed choices based on comprehensive information about available options, and the consumer's ability to personally manage the services received;
- Consumer authority over the development and management of an individual budget that supports implementation of the individual's plan of services and supports and is consistent with existing funding constraints and eligibility criteria; and
- Consumer responsibility for the use of public funds and for contribution to community.

The following are core elements in consumer-directed supports:

- Person-centered planning;
- Control of specific resources through an individual budget;
- Supports Brokerage - a personal agent who works on behalf of the individual to link the person with services and supports;
- Financial Management services;
- Participant Protections; and
- Quality Management.

Inherent in MH/DD/SA system reform are the development and implementation of approaches that support best practices and that are consumer driven. The Division of MH/DD/SAS supports the implementation of self-directed supports that are considered to be best practices in the field, and that are consistent with state and federal funding policy. Consistent with this, the Division is involved in

planning a number of activities that will provide more self-directed options and information in the future. As part of State Plan 2004 the Division will be establishing goals and timelines for developing the infrastructure necessary to implement self-directed supports. We will be updating the operational plan to specifically include self-directed supports as a focus in the coming fiscal year. This will include developing a technical amendment to the CAP-MRDD waiver that would allow individuals served through the waiver to choose self-directed options. We will also consider how self-directed supports may be offered to consumers with other disabilities served through other funding sources. These activities will include developing service definitions to address self-direction. In tandem with this work will be a review of rules to determine whether personnel and other provider qualifications allow for sufficient flexibility in a self-directed approach. In addition, we will be developing individual budgeting processes and guidance for fiscal management services; reviewing quality improvement plans to assure the unique needs of individuals who are self-directing their services; and considering what training is needed to support self-direction.

The Division is also working collaboratively with Piedmont LME to develop and submit a Medicaid waiver that will include self-directed options. Through this process we will all be learning how self-directed supports can best be implemented in the State and, will use the knowledge gained through Piedmont's effort to inform the technical amendment to the statewide CAP/MRDD waiver and the other efforts described above.

Finally, the Division is involved with the Office of Long Term Care, Division of Vocational Rehabilitation, Division of Aging and Division of Medical Assistance in several projects pertaining to self-directed supports across populations served by different Divisions. Among them is the Community-Integrated Personal Assistance and Supports (CPASS) grant, in which training materials and resources are being developed regarding consumer-directed supports and in which local resources for training and technical assistance are being developed. This is coordinated with four pilots funded through the Real Choice Systems Change Grant, who are developing self-directed supports including financial management services. In addition, the CPASS grant is supporting a contract for next fiscal year with an organization to review the Department's legislation, rules and policy to determine if there are barriers to implementing self-directed options and to recommend changes.

We look forward to sharing more information with you regarding self-directed supports in the future, as we continue to promote best practices in our reform. If you have any questions, please contact Vivian Leon or Ann Eller on the Best Practice & Community Innovations Team at (919) 715-2774.

cc: Secretary Carmen Hooker Odom
Lanier Cansler
James Bernstein
DMH/DD/SAS Executive Leadership Team
Carol Duncan Clayton
Robin Huffman
Mike Mayer
Bob Hedrick
Patrice Roesler
Dick Oliver